

## **Right to Know Request Form**

Date Requested:				
Request Submitted By: (	circle one) Email	US Mail	Fax	In Person
Name of Requester:				
Street Address:				
City/State/County: (requi	red)			
Telephone Number: (opti	onal)			
Records Requested: (ple	ease be specific)			
Do you want copies? (circle one)		yes	no	
Do you want to inspect the records? (circle one)			yes	no
Do you want certified cop	oies of records? (circ	cle one)	yes	no
Right to Know Officer:	Peter Hackney			
	345 Lakeside Drive			
	Levittown, PA 19054 Fax: 215.269.7395			
	Email: phackney@cslcharter.org			
For Official Use Only				
Date received by agency: Agency Five (5) Day Response		_		